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## CERTIFICATION/ACCREDITATION REVIEW POLICY

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### PURPOSE

To establish a process for the disciplinary review of certification and/or accreditation held by all levels of prehospital care personnel within the ICEMA region.

### AUTHORITY

California Health and Safety Code 1798.200-, 1798.208  
California Code of Regulations, Title 22, Division 9, Chapter 6  
California Government Code Title 2, Chapter 5, Section 11507.6-11507.7, 11513, 11514

### POLICY

1. Disciplinary proceedings are in accordance with Title 22, Chapter 6 of the California Code of Regulations at <http://www.emsa.ca.gov/legislation/division25.rtf>.
2. Paramedic licensure actions (e.g., immediate suspension) shall be performed according to the California Health and Safety Code 1798.202.
3. Notification to the EMS Authority is through the Form EMSA-Negative Action Report at [http://www.emsa.ca.gov/emt1-p/negative\\_action\\_personnel.doc](http://www.emsa.ca.gov/emt1-p/negative_action_personnel.doc)
4. If the action is to recommend to the EMS Authority for disciplinary action of an EMT-P license:
  - a. A summary explaining the actions of the EMT-P that are a threat to the public health and safety pursuant to Section 1798.200 of the Health and Safety Code; and,
  - b. Documented evidence, relative to the recommendation, collected by the Medical Director, forwarded to the State EMS Authority.
5. Request for discovery, petitions to compel discovery, evidence and affidavits shall be followed pursuant to the Administrative Procedures Act (Government Code, Title 2, Chapter 5, Sections 11507.6, 11507.7, 11513, and 11514).  
<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=gov&group=11001-12000&file=11500-1154>

### SIGNATURE ON FILE

\_\_\_\_\_  
ICEMA Executive Director      Date

### SIGNATURE ON FILE

\_\_\_\_\_  
ICEMA Medical Director      Date



SEE BACK OF FORM FOR INSTRUCTIONS FOR COMPLETION

|  |                                 |  |
|--|---------------------------------|--|
| 1a. NAME AS SHOWN ON CERTIFICATE (LAST, FIRST, MI) |                                 | 1b. ANY OTHER NAMES USED (LAST, FIRST, MI) |
| 2. CERTIFICATE NUMBER:                             |                                 | SOCIAL SECURITY NUMBER:                    |
| 3. AFFECTED CERTIFICATE:                           | EFFECTIVE DATE:<br>(MM/DD/YYYY) | CERTIFYING AUTHORITY:                      |
| <input type="checkbox"/> EMT-I                     |                                 |  |
| <input type="checkbox"/> EMT-II                    |                                 |  |

MAY STILL WORK AS AN EMT-I? ☐ YES ☐ NO


4. TYPE OF ACTION TAKEN

☐ NEW ACTION ☐ MODIFIED ACTION

|   |  |       |     |
|---|--|-------|-----|
| <input type="checkbox"/> IMMEDIATE SUSPENSION PENDING COMPLETION OF INVESTIGATION | DATE SUSPENDED: (MM/DD/YYYY)                                   |       |     |
| <input type="checkbox"/> SUSPENSION   | <input type="checkbox"/> DURATION:                             | FROM: | TO: |
| <input type="checkbox"/> PROBATION  | <input type="checkbox"/> OR UNTIL SPECIFIED REQUIREMENT IS MET |       |     |
| <input type="checkbox"/> REVOCATION   | DATE EFFECTIVE: (MM/DD/YYYY)                                   |       |     |
| <input type="checkbox"/> DENIAL   | DATE DENIED: (MM/DD/YYYY)                                      |       |     |
| <input type="checkbox"/> REINSTATEMENT  | DATE REINSTATED: (MM/DD/YYYY)                                  |       |     |

5. REASON(S) (PER SEC. 1798.200(c) H&S CODE) FOR NEGATIVE CERTIFICATION ACTION:

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Fraud in procurement of certification  | <input type="checkbox"/> 9. Addiction to/misuse of alcohol or drugs                            |
| <input type="checkbox"/> 2. Gross negligence                       | <input type="checkbox"/> 10. Functioning outside of medical control                            |
| <input type="checkbox"/> 3. Repeated negligent acts                | <input type="checkbox"/> 11. Impaired/irrational behavior-physical disability                  |
| <input type="checkbox"/> 4. Incompetence                           | <input type="checkbox"/> 12. Unprofessional conduct  |
| <input type="checkbox"/> 5. Commission of fraudulent acts          | <input type="checkbox"/> A. Mistreatment or physical abuse of any patient                      |
| <input type="checkbox"/> 6. Conviction of related crimes           | <input type="checkbox"/> B. Failure to maintain confidentiality of patient medical information |
| <input type="checkbox"/> 7. Violation of Div. 2.5 regulations      | <input type="checkbox"/> C. Penal Code Section 290 Offense                                     |
| <input type="checkbox"/> 8. Violation of drug statutes/regulations |  |

|   |   |
|---|---|
| 6. LOCAL EMS AGENCY TAKING ACTION:            | SIGNATURE OF MEDICAL DIRECTOR   |
|   |  |
| PERSON TO CONTACT FOR ADDITIONAL INFORMATION: |   |
| NAME: (FIRST LAST)                            | PHONE NUMBER:<br>( )  |

## INSTRUCTIONS FOR COMPLETION OF NEGATIVE CERTIFICATION ACTION REPORT

**Note:** In order to ensure that certification information is current, please complete and send this form to the EMS Authority with (5) working days of completing a negative certification action or changing a negative action for any reason. A delay in reporting could result in increased danger to the public health and safety or undue hardship to a certificate holder, depending on the nature of the action taken.

**1. NAME OF CERTIFICATE HOLDER:**

- a) Provide the complete name, last name first, of the certificate holder or applicant.
- b) If the certificate holder was issued the certificate under a different name, please provide previous name used.

**2. CERTIFICATE HOLDER'S CERTIFICATION NUMBER, DRIVER'S LICENSE NUMBER AND SOCIAL SECURITY NUMBER:**

To facilitate accurate identification of the certificate holder, please provide the individual's certification number and the individual's Social Security number.

**3. AFFECTED CERTIFICATE:**

Check EMT-I or EMT-II to indicate the affected certificate. Specify the effective date of certification and the name of the agency that issued the certificate. If the affected certificate is for EMT-II, please indicate whether or not the certificate holder may continue to work as an EMT-I.

**4. TYPE OF ACTION TAKEN:**

Check whether the action being reported is a new action or a modification of a previous action (i.e., If you previously reported the immediate suspension of a certificate and you are now reporting that the certificate has been revoked, check "modified action.") Then check the appropriate box(es) to indicate which of the following action(s) is being reported. Provide the additional information as indicated for each type of action.

Immediate Suspension: Specify the date that the immediate suspension took effect.

Probation: If probation is for a specific time period, check the top box and indicate the specific dates that the probation will be in effect. If the probation will require that a special requirement (such as completion of specific training, etc.) be met prior to reinstatement, check the second box and note the requirements on the line provided (i.e. complete 10 supervised ALS contacts, etc.)

Suspension: Follow the instructions given above for the probation.

Revocation: Specify the effective date of the revocation.

Denial: Specify the date that the certificate was denied. Note: Report denials only if the denial is for one of the reasons listed in Section 1798.200 of the Health and Safety Code. A routine denial for failure to meet any basic certification requirement (i.e., completion of training, passage of certification exam, provision of required documentation, etc.) is not a negative certification action and should not be reported on this form.

Reinstatement: Specify the date that the reinstatement was/will be effective.

**5. REASON(S) FOR NEGATIVE CERTIFICATION ACTION:**

Specify the reason(s) the individual presents a threat to the public health and safety as listed in Section 1798.200 of the Health and Safety Code. **These are only valid reasons for taking a negative certification action under the law.** If you are taking a negative certification for any reason that does not appear to be covered by the listed reason, please call the EMS Authority for clarification of applicable policy before completing the action.

**6. LOCAL EMS AGENCY INFORMATION:**

Provide the name of the local EMS Agency taking the negative action and have the medical director sign and date the negative action report. Also provide the name and phone number of the person who should be contacted if further information is needed regarding the action.